

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 889522 RECEIPT DATE: 07 / 17 / 01  
IA NUMBER: PCT/ EP00 / 00116 IA FILING DATE: 02 / 11 / 00  
FAMILY NAME: STORCK DELAY WAIVED (Y/N): Y  
GIVEN NAME: HUBERTUS DEMAND RECEIVED (Y/N): Y  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 01 / 22 / 99  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: 4925-131PUS COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
FAX  
NAME: MICHAEL C STUART  
COHEN PONTANI LIEBERMAN & PAVANE  
STREET: 551 FIFTH AVENUE  
SUITE 1210  
CITY: NEW YORK  
STATE/COUNTRY: NY ZIP: 10176  
EMAIL:  
APPLICATION TITLES:  
ATM INBAND PROTOCOL.

TAB TO LAST POSITION, PUSH SEND